CAWIN . USER CHARGE SELF MONITORING REPORT NAME: COMO TEXTILE PRINTS INC. ADDRESS: 191 EAST RAILWAY AVE. **PATERSON** NJ 07503 FACILITY LOCATION: 191 EAST RAILWAY AVENUE **PATERSON** NJ 07503 NEW CUSTOMER ID / OUTLET ID: 27220022 - 1 **OLD OUTLET DESIGNATION: 27400341** MONITORING PERIOD **VOL DISCHARGED THIS PERIOD** START END 2,454,570 8 CV. FT X 7.48 = GALLONS MO MO EFFLUENT METER READING LAST DAY THIS PERIOD BOD TSS DATE BOD TSS 27.0 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. TGNATURE OF PRINCIPAL OR TYPE NAME AND TITLE TELEPHONE NUMBER THORIZED MICHAEL F. BLANCHFIELD. E.P. 973-279-2950 DATE PVSC FORM MR-2 REV.3 6/93

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NAME:	COMO	TEXTILE PRINTS I	NC.		T. Comment	í.
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FACILITY LOCA	TION: 191 EAS	T RAILWAY AVE	NUE	PATERSON	NJ 075	503
NEW CUSTOME	R ID / OUTLET	ID: 27220022 - 2	OLD OUTI	LET DESIGNAT	TION: 27400342	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 SIGNATURE OF PRINCIPAL OR ANTHORIZED AGENT	TYPE NAME AND TITLE	TEL	ЕРНО	NE N	NUMBER
adw/1/31/5	Michael Blowditield	973	2	79-	-2950
	President				
1		DATE	9/1	9/	2008
PVSC FORM MR-2 REV.3 6/93			,	- 1	

			MEGE	
	USER CHARGE SELF	MONITORING R	EPORT	J V E
AME:	COMO TEXTILE PRINTS INC.		SEP 2	2 2 2008
DDRESS:	191 EAST RAILWAY AVE.	PATERSON	NJ-0750	Parameter constitution and constitutions
	N: 191 EAST RAILWAY AVENUE	PATERSON		03
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

STONATURE OF PRINCIPAL OF MUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPI	HONE NUMBER
 afred Bet 5	Michael F. Blanchfield- 4. Ps	973-27	9-2950 ext. 45
		DATE Y	16 5002

Technion, Inc. Testing and Research Laboratories

Client: Como Textiles Date Received: 08/05/08

Test Results

Sample ID: Outlet #1

Matrix: Wastewater

Lab ID: 8142-1

Date Analyzed	Parameter	Results	MDL	EPA Method
08/06-11/08	BOD	127.0	2.0	405.1
08/05/08	TSS	38.6	0.1	160.2
08/06/08	рН	6.6	N.A.	150.1

pH not performed with in Holding time.

FOR CUSTOMER USE ONLY

Test results are in mg/l (ppm), unless specified

NA : Not Applicable

ND: Not Detected

NJDEP No. 07004

Page

Technion Inc., Testing and Research Laboratories

Client : Como Textiles

Date Received: 08/05/08

Test Results

Sample ID: Outlet #2

Matrix: Wastewater

Lab ID: 8142-3

Date Analyzed	Parameter	Results	MDL	EPA Method
08/06-11/08	BOD	194.0	2.0	405.1
08/05/08	TSS	296.1	0.1	160.2
08/06/08	рН	6.2	N.A.	150.1

pH not performed with in Holding time.
FOR CUSTOMER USE ONLY

Test results are in mg/l (ppm), unless specified

NA : Not Applicable ND : Not Detected

NJDEP No. 07004

Page

RECEIVED AUG 25 2008

Technion Inc., Testing and Research Laboratories 263 Hillside Avenue Nutley, NJ 07110

Tel: 973-661-0800

Fax: 973-661-1817

Analytical Report

Tel: 973-691

Client: Como Textiles

Client Ref:

Material: One Wastewater

Date: 08/18/08

Technion Ref: 8156

Date Received: 08/08/08

Lab ID: 08: 8156

Project:

Analysis Req: BOD, TSS, pH

Analyst: Y. Yildiz, S. Zalewski

The above sample(s) were received on 08/08/08 and analyzed as requested.

Certificate of Analysis

Test Results: Test results are as attached.

Release of the date contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.

Omar Baturay

Laboratory Manager

OB/td

NJDEP No. 07004

Technion, Inc. Testing and Research Laboratories

Client : Como Textiles Date Received : 08/08/08

Test Results

Sample ID: Outlet #1

Matrix: Wastewater

Lab ID: 8156

Date Analyzed	Parameter	Results	MDL	EPA Method
08/08-13/08	BOD	82.0	2.0	405.1
08/08/08	TSS	22.1	0.1	160.2
08/08/08	рН	6.2	N.A.	150.1

pH not performed with in Holding time.

FOR CUSTOMER USE ONLY

Test results are in mg/l (ppm), unless specified

NA: Not Applicable

ND: Not Detected

NJDEP No. 07004

LAB I.D. # (415)	NO. OF SAMPLE CONTAINERS	//// REMARKS				Received by (Signature): Date Time	TRANSPORTED AT 4°C? SAMPLES IN GOOD CONDITION? YES NO
	ÖÖZ					Date	PORTED A
USTODY	Pox S T do &	1	*			Received by (Signature):	REMARKS: TRANSPORTED AT 4°C? SAMPLES IN GOOD CO
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		TIME			. 3	Received by (Signature):	Received by (signature):
C. BORATORY UE 07110 3) 661 -1817	12.4	DATE	30-8-8			Time	Time
TECHNION, INC. 3 AND RESEARCH LABOR 263 HILLSIDE AVENUE JTLEY, NEW JERSEY 0711 8) 661-0800 • Fax: (973) 66	13					Date 8408	Date
TECHNION, INC. TESTING AND RESEARCH LABORATORY 263 HILLSIDE AVENUE NUTLEY, NEW JERSEY 07110 Tel: (973) 661-0800 • Fax: (973) 661 -1817	Company Name / Address: Proj. Mgr	SAMPLE I.D.	Gut/ef#			Relinquished by (Signature):	Relinquished by (Signature):

COMO TEXTILE PRINTS, INC. 191 East Railway Avenue Paterson, New Jersey 07503 tel: (973) 279-2950 fax: (973) 881-8450

Date: 9/19/2008

Passaic Valley Sewerage Commissioners Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring report:

Service #341 Meter #70025607 3390 (CCF) * 748 = 2,535,720 gal. Meter #60094686 60 (CCF) * 748 = 44,880 gal. 2,589,600

> 5% allowance for evaporation 2,451,570 Consumption #341

Service #342

Meter #60094678 $310 (CCF) * 748 = 23 \} 80$ 5% allowance for evaporation

220,286 Consumption #342 dal.

Service #343

5,236 (CCF) * 748 =Meter #45141583 gal.

> 5, 236 Sanitary only #343 gal.

pvsc36A

Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110

RECEIVED AUG 25 2008

Fax: 973-661-1817

Analytical Report

Client: Como Textiles

Client Ref:

Tel: 973-661-0800

Material: Four Wastewater Samples

Date: 08/18/08

Technion Ref: 8142

Date Received: 08/05/08

Lab ID: 08: 8142

Project:

Analysis Req: BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst: Y. Yildiz, S. Zalewski

The above sample(s) were received on 08/05/08 and analyzed as requested.

Certificate of Analysis

Test Results: Test results are as attached.

Metals Subcontracted to QC Laboratories

Release of the date contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.

Omar Baturay

Laboratory Manager

OB/td

NJDEP No. 07004

Page



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED SEP 1 0 2008

	Page 1 of 1
Bill Date	Sep 03, 2008
Account Number	122625-98578
Date of Last Payment	Aug 11, 2008
Amount of Last Payment	\$ 219.22
Previous Balance	\$0.00
Current Charges	\$ 224 78
and the second s	
Total Amount Due	\$ 224.78
Due Date est	Oct 03, 2008

SERVICE ADDRESS 193 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

Jul 14, 2008--Aug 14, 2008

Services

Description
SERVICE CHARGE
SERVICE CHARGE
FIRST 333 CCF

Meters

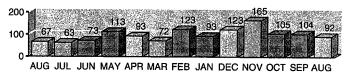
Meter No 60094686 45141583 Meter Size 2 INCH 5/8 INCH Current Previous 1256 1250 501 494

Charge 106.30 25.35

93.13

Consumption 60

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED SEP 1 0 2008

Mailing Address:



□ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122625-98578
Due Date	Oct 03, 2008
Total Amount Due	\$ 224.78
Amount Enclosed	10 To

Service Address:

193 E RAILWAY AVE, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393

Page 1 of 1



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED SEP 2 = 2008

·	The state of the s
Bill Date	(Aug 27, 2008)
Account Number	122623-98574
Date of Last Payment	Aug 11, 2008
Amount of Last Payment	-\$481.60
Previous Balance	\$ 0.00
Current Charges	+ \$ 537.20
Total Amount Due	\$ 537.20
Due Date	Sep 26, 2008

SERVICE ADDRESS 191 E RAILWAY AVE UT001, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

Jul 14, 2008--Aug 14, 2008

Services

Description SERVICE CHARGE FIRST 333 CCF

Charge 106.30 430.90

Meters

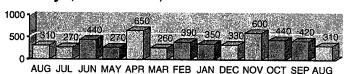
Meter No 60094678

Meter Size 2 INCH

Current Previous 4845 4814

Consumption 310

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED SEP 2 - 2008

Mailing Address:

*A-00-XN0-AM-01273 COMO TEXTILE PRINT 191 E RAILWAY AVE PATERSON NJ 07503-2100

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122623-98574
Due Date	Sep 26, 2008
Total Amount Due	\$ 537.20
Amount Enclosed	201 (7) (2010 (2)) 201 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)

Service Address: 191 E RAILWAY AVE UT001, PATERSON

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Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED SEP 2 - 2008

Page 1 of 1

Bill Date	Aug 27, 2008				
Account Number	122621-98572				
Date of Last Payment	Aug 11, 2008				
Amount of Last Payment	\$ 3,890.52				
Previous Balance	\$ 0.00				
Current Charges	\$ 4,316.02				
	1000				
Total Amount Due	\$ 4,316.02				
Due Date	Sep 26, 2008				

SERVICE ADDRESS 191 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

Jul 14, 2008--Aug 14, 2008

Services

Description SERVICE CHARGE FIRST 333 CCF NEXT 9,999,999 CCF

Charge 337.60 462.87 3515.55

Meters

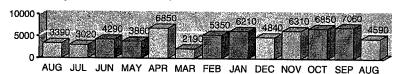
Meter No 70025607

Meter Size 4 INCH

Current Previous 6622 6283

Consumption

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED SEP 2 - 2008

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191 E RAILWAY AVE PATERSON NJ 07503-2100

COMO TEXTILE PRINT

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Sep 26, 2008
Total Amount Due	\$ 4,316.02
Amount Enclosed	

Service Address: 191 E RAILWAY AVE, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393 Markadadillaandhlalalalalahadhlalalala

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۷ .	CHEC TYPE EPATIER II EPATIER II RESULTS C NU ECRA III NU TIER 18 NV DOH OTHER	TIME			, ,		Received by (Signature):	Received by (Signature):
1 LABORATOF FENUE SEY 07110 (973) 661 -181	19-2595 Top 11/6	DATE	6-5-8				Time	Time
TESTING AND RESEARCH LABORATORY 263 HILLSIDE AVENUE NUTLEY, NEW JERSEY 07110 Tel: (973) 661-0800 • Fax: (973) 661 -1817	Company Name / Address: CHECK RETURN TO THE PEQ PATIENT (CLP) Proj. Mgr. Sampler (Signature): CHECK RETURN TO THE REQUISION NO DOHER DATE DUE CHECK RETURN TO THE RESULTS ONLY II NA DOH OTHER DATE DUE	SAMPLE I.D.	Outlety 1 Pretreatment #	Outlet #2			Reinquished by (Signature): Date	Refinquished by (Signature): Date